

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L78690** (9)
1. Corporation Name
COURT PROGRAMS OF NORTHERN FLORIDA, INC.



Principal Place of Business 6860 S. CAROLINE ST #6 MILTON FL 32570 US	Mailing Address 6860 S. CAROLINE ST. #6 MILTON FL 32570 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/08/1990	
4. FEI Number 65-0202015		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROTHBART, GLEN 6276 GLENDALE MILTON FL 32570				10. Name and Address of New Registered Agent 81 Name SAME - NEW ADDRESS 82 Street Address (P.O. Box Number is Not Acceptable) 6860 CAROLINE ST. 83 SUITE 6 84 City MILTON FL 85 Zip Code 32570			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Glen L. Rothbart Pres.* **GLEN L. ROTHBART** 1/9/98
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROTHBART, GLEN			1.2 NAME			
STREET ADDRESS	6276 GLENDALE DR			1.3 STREET ADDRESS	6860 CAROLINE ST. SUITE 6		
CITY-ST-ZIP	MILTON FL			1.4 CITY-ST-ZIP	MILTON, FL. 32570		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROTHBART, DAVID			2.2 NAME			
STREET ADDRESS	203 SPRINGDALE CIRCLE			2.3 STREET ADDRESS	6860 CAROLINE ST. SUITE 6		
CITY-ST-ZIP	PALM SPRINGS FL			2.4 CITY-ST-ZIP	MILTON, FL. 32570		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROTHBART, GINA			3.2 NAME			
STREET ADDRESS	6276 GLENDALE DRIVE			3.3 STREET ADDRESS	6860 CAROLINE ST. SUITE 6		
CITY-ST-ZIP	MILTON FL			3.4 CITY-ST-ZIP	MILTON, FL. 32570		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)